

WHAT is HEADS UP?

The James City County Emergency Communications Center maintains a program called **HEADS UP**, where pre-recorded information about the special needs of persons residing at a specific address is placed into our database. Upon receiving a request for help the database identifies addresses with special needs, and provides possible life saving information to responding fire, medic, and police units. Once the information is submitted to the Emergency Communications Center it is kept in the database until the resident cancels the request. Please contact the Emergency Communications Center when this program is no longer needed.

Who Is This Program For?

- SIDS Babies
- Heart Patients
- Bed Ridden Patients
- Persons in Wheelchairs
- Hearing Impaired (deaf or nearly deaf)
- Sight Impaired (blind or nearly blind)
- Other Disabilities / Illnesses / Special Needs

Submit applications or inquiries to:
**James City County
Emergency Communications Center
3131 Forge Road
Toano, VA 23168
Or CALL (757) 566-0112**



James City County Emergency Communications Center
3131 Forge Road
Toano, VA 23168

HEADS UP



Helping James City County Emergency Services help you. **HEADS UP** is a program that provides information to emergency personnel, that could be life saving in a time of need.

HEADS UP Program Request

Complete and Mail to: James City County Emergency Communications Center; 3131 Forge Rd.; Toano, VA 23168

Name _____
Last First Middle Initial

Address: _____
Street Address City Zip Code

Telephone: _____ Birth Date: _____
Home Phone (mm/dd/yyyy)
Work Phone

Sex: _____
Race: _____
Height: _____
Weight: _____
Hair: _____
Eyes: _____
Blood Type: _____

Medical Alert Device? Yes _____ No _____

Alarm Company: _____
Name Phone

Emergency Contacts:

1. _____
Name Phone
2. _____
Name Phone
3. _____
Name Phone

Diabetic Patient: Yes _____ No _____ Description: _____

Cardiac Patient: Yes _____ No _____ Description: _____

Pulmonary Patient: Yes _____ No _____ Description: _____

Mentally Challenged Patient: Yes _____ No _____ Description: _____

Allergies: _____

Special Medical Equipment Used: _____

Mobility Impaired: Yes _____ No _____ (Check type) Cane ☐ Crutches ☐ Walker ☐ Bedridden ☐ Wheelchair ☐

Hearing Impaired: Yes _____ No _____ Use Sign Language _____ Special Needs: _____

Visually Impaired: Yes _____ No _____ Blind? Yes _____ No _____ Special Needs: _____

If person does not speak/understand English, indicate which language they speak: _____

Other Information: _____

I understand that the information on this form will be given to responding Medic/Fire/Police units whenever it becomes necessary to respond to this address. This information is sensitive and will be treated with the utmost confidence. James City County is not responsible for computer outages that prohibit the dissemination of this information.

Signature

Date